

## **Elbert County**

### Over the Counter Permit- Water Heater

☐ Completed application packet:	Smith.Water.HeaterApplication.2022.pdf	
Submittal check List and File Name Examples:		
'Date': date of your submittal .		
'Document Title': Architectural; f	foundation; trusses, etc.	
'Project Type: New res; barn; g	arage, etc.	
'Project Name': Last name of ap	oplicant/owner	
[Project Name] . [Project Type-Document	:Title] – [Date].pdf	
$\square$ File Names: files shall be named using the following	convention:	
☐ Email digital submission to <u>buildingdepartment@elk</u>	pertcounty-co.gov	
$\square$ Electronic documents must be in .pdf format (note f	file size cannot exceed <b>150mb</b> .)	



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#### PLEASE PRINT CLEARLY

Project Address:	City:	Zip:
Project Description:		
Contractor is applicant: Y N Prope		
Property owner name:		
Address:	<u></u>	
Phone:		
Email:		
Contractor name:		
Contractor License Number:		
Address:		
Phone:Email:		
Equipment/Model:		
Application must be filled out complete	ly for submittal and must	t be signed to be valid.
Applicant Signature:	Date:	



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### **Homeowner Agreement Form**

If you as the homeowner are pulling the permit in your name, please initial the statements below that are applicable for your permit regarding General Contractor and sub-contractors for Electrical, Plumbing & Mechanical.

Owner's Name:				
Job Addro	ess:			
Phone #:	Email:			
2. ]	affirm that, as the homeowner, I will be acting as my own General Contractor. I understand how to manage the project and when to request inspections.  I affirm that, as the homeowner, I will do all of my own electrical work. I understand the correct way to do electrical work and when to request inspections.  I affirm that, as the homeowner, I will do all of my own plumbing work. I understand the correct way to do plumbing work and when to request inspections.			
	affirm that, as the homeowner, I will do all of my own mechanical work. I understand the correct way to do mechanical work and when to request inspections.			
Home	Powners Signature: Date:			